

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	67614	5/21/00
O.I.P.E. CLASSIFIER		19	5-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	7/16

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### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	8/14/02 3/22/03
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Claim	Date
Final Original	9/14/02 3/22/03
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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